Indiana Department of Correction – Community Corrections Division TRANSFER/ ADDITIONAL APPROPRIATION FORM

County/ Regional Name:			Date:		Year of Funds ————	
Entity (Choose One):	Community Corrections	Probation	Jail Treatment	Pre-Trial Prosecutor's Diversion		
Court Re	ecidivism Reduction Program	- Court Name:				
		TRAN	ISFER			
FROM (Drop Down Menu)	Minor Point/ Line Item (Click in Box to Type)		Amount (Click in Box to Type)	Fund (Drop Down Menu)		
			Total			
TO (Drop Down Menu)		Point/ Line Ite		Amount (Click in Box to Type)	Fund (Drop Down Menu)	
			Total			
	ADI	DITIONAL A	PPROPRIATION	J		
FROM	☐ Project Income/ User ☐ Other					
TO (Drop Down Menu)		Point/ Line Ite	em	Amount (Click in Box to Type)	Fund (Drop Down Menu)	
			Total			
JUSTIFICATION:						
Authorized E Advisory Board Ap		□No	Date:	Date:	DEPLOY	

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Approved Denied	
	Date:
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	Approved Denied